

SUFFOLK COUNTY HUMAN RIGHTS COMMISSION

**H. Lee Dennison Building
100 Veterans Memorial Highway
P.O. Box 6100
Hauppauge, New York 11788-0099
(631) 853-5480**

**PLEASE COMPLETE THIS INFORMATION BEFORE YOU COME TO THIS OFFICE.
FAILURE TO COMPLETE THIS INFORMATION MAY DELAY OUR ABILITY TO TAKE A
COMPLAINT FROM YOU.**

SUPPLEMENTAL INFORMATION

Name _____

Address _____

City/Zip _____

Home Phone No. _____ Business Phone No. _____

May we call you at work? Yes _____ No _____

1. Please indicate your:

Date of Birth: _____ Age: _____

Marital Status _____ Race: _____

National Origin: _____ Sex: _____

Religion: _____ Education/Highest Yr. Completed: _____

2. The correct legal name and address of the company you are complaining about:

Name: _____

Address: _____

City/Zip: _____ Phone: _____

3. The name(s) and titles(s) of the person(s) in that company/organization who caused you the problem:

4. What kind of company/organization are you complaining about?

- | | |
|---|--|
| <input type="checkbox"/> Restaurant | <input type="checkbox"/> Store |
| <input type="checkbox"/> Volunteer Fire Dept. | <input type="checkbox"/> School |
| <input type="checkbox"/> Government Agency | <input type="checkbox"/> Club |
| <input type="checkbox"/> Bank | <input type="checkbox"/> Non-Profit Agency |
| <input type="checkbox"/> Other: _____ | |

5. What happened to you? (**Check all that apply**)

- | | |
|--|---|
| <input type="checkbox"/> Denied Service | <input type="checkbox"/> Suspended From School. |
| <input type="checkbox"/> Denied Membership | <input type="checkbox"/> Unequal Treatment |
| <input type="checkbox"/> Membership Terminated | <input type="checkbox"/> Denied Credit/Loans |
| <input type="checkbox"/> Denied Accommodation | |
| <input type="checkbox"/> Denied Application | |
| <input type="checkbox"/> Other: _____ | |

6. List everything that happened to you that you feel was discriminatory. Include each event, the date(s), and the names and titles of everyone involved. **Attach additional pages if necessary.**

7. Did the company give a reason(s) for what they did to you? If so, what reason(s)?

8. What do you think the real reason(s) were? Discrimination* because of...

- | | | |
|--|---|--|
| <input type="checkbox"/> Creed/Religious Belief | <input type="checkbox"/> Opposed Discrimination | <input type="checkbox"/> Gender |
| <input type="checkbox"/> National Origin/Ancestry | <input type="checkbox"/> Pregnancy | <input type="checkbox"/> Age |
| <input type="checkbox"/> Physical/Mental Condition
(either real or perceived) | <input type="checkbox"/> Sexual Harassment | <input type="checkbox"/> Marital
Status |
| <input type="checkbox"/> Family status (housing only) | <input type="checkbox"/> Use of Service Animal | <input type="checkbox"/> Race/Color |
| <input type="checkbox"/> Sexual Orientation | <input type="checkbox"/> Other (explain): _____ | |

***Note: If you don't believe the reason was discrimination, please telephone our office and ask to speak to an investigator.**

9. Disability Cases: What is the nature of your disability? _____

Did you ask for accommodation? _____ If so, what was it? _____

10. **Original (first) date of discrimination:** _____

11. **Most recent date of discrimination:** _____

12. Site/County of alleged discrimination: _____

13. Have you filed a complaint with any other agency or court on this same matter? _____

If so, what agency or court? _____

14. If you have any witnesses, answer the following: (**Attach additional pages if necessary**)

#1 Name: _____ Job Title: _____

Address: _____

City/State: _____ Phone: _____

What did #1 witness: _____

#2 Name: _____ Job Title: _____

Address: _____

City/State: _____ Phone: _____

What did #2 witness: _____

15. What papers, records and/or documents can we look at to prove your case? _____

16. Do you have any documents that can support your case? If so, what are they? (Be sure to bring them with you.) _____

17. Anything else we should know? _____

18. What have you lost because of what happened to you? How can your problem be solved?

19. What reasonable remedy are you looking for? _____

20. Name address, and telephone number of someone who will always know how to reach you:

Name: _____

Address: _____

City/Zip: _____ Phone: _____

21. How did you learn about the Suffolk County Human Rights Commission? _____

REMINDER: Please supply ALL DOCUMENTS which relate to or support your complaint, or which support the information you just gave.

I have been advised of the Commission's procedures and I understand that this information sheet is not a formal complaint. I further understand that if my allegations fall within the jurisdiction of the Commission, I may file a formal complaint with the New York State Division of Human Rights (and the EEOC, if applicable) at the Suffolk County Human Rights Commission, or have the Commission investigate the matter on an informal basis to determine if the situation can be resolved expeditiously without the necessity of a formal complaint.

I request that the Suffolk County Human Rights Commission take whatever action they deem necessary in their investigation, and in so doing hereby give my authorization to release information contained in this form to any persons necessary. I also authorize the Commission to review my personnel records, medical records or other pertinent records, and receive any necessary copies of therein, as well as to obtain any information which may be requested in the investigation of these allegations.

Signature

Date